



Douglas A. Ducey,
Governor

Arizona State Board of
Podiatry Examiners
“Protecting the Public’s Health”

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REQUEST FOR REPLACEMENT OR DUPLICATE
WALL LICENSE AND/OR WALLET CARD

Please complete and return this form to the Arizona State Board of Podiatry Examiners (“Board”). Your request must be accompanied by the required fee of \$25.00. Payment can only be made by check, cashier’s check or money order made payable to the Arizona State Board of Podiatry Examiners.

Licensee Information:

Name: _____
Last Name First Name MI

License Number: _____

Requesting:

Please select which document you are replacing or duplicating:

Reason for Replacement/Duplication: _____

Personal Attestation:

I declare under penalty of perjury, under the laws of the State of Arizona, that the information given above is true and correct and that I am the person who was issued the original Arizona podiatry license by the Arizona State Board of Podiatry Examiners. I further certify that the replacement or duplicate license, I am requesting, is not being obtained and will not be used for fraudulent purposes.

Signature: _____ Date: _____

NOTARY

State of _____

(Notary Seal Here)

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____

Signature of Notary Public

Date Commission Expires